

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

SUNG-KWON LEE

Application No.: 10/648,172

Filed: August 25, 2003

For: METHOD FOR FABRICATING SEMICONDUCTOR DEVICE USING ARF PHOTOLITHOGRAPHY  
CAPABLE OF PROTECTING TAPERED PROFILE OF HARD MASK

Art Group:

Examiner:

Mail Stop Missing Parts  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## RESPONSE TO NOTICE TO FILE MISSING PARTS

Sir:

In response to the Notice to File Missing Parts mailed November 18, 2003, please find enclosed:

- a duly executed Declaration and Power of Attorney with payment in the amount of \$130.00 for the surcharge of 37 CFR § 1.16(e);

and

- copy of the Notice to File Missing Parts of Application.

If any additional fee is required, please charge Deposit Account No. 02-2666. An extra copy of the Fee Transmittal is enclosed for deposit account charging purposes.

12/30/2003 SMINASS1 00000061 10648172  
 01 FC:1051

130.00 OP

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP

Date: 12/12/03

A handwritten signature in black ink, appearing to read "Eric S. Hyman".

Eric S. Hyman, Reg. No. 30,139

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Melissa Stead

12/12-03

Date

12400 Wilshire Boulevard, 7th Floor  
 Los Angeles, CA 90025  
 Telephone: (310) 207-3800



*[Handwritten signature]*

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/648,172
		Filing Date	August 25, 2003
		First Named Inventor	Sung-Kwon LEE
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	12	Attorney Docket Number	51876P377

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)         </div> <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> PTO/SB/08         </div> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee  <input checked="" type="checkbox"/> Declaration/POA         </div> <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
	Remarks	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">           Assignment and cover sheet (3); copy of Notice; return postcard         </div>

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>[Handwritten signature]</i>
Date	12/12/03

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Melissa Stead
Signature	<i>Melissa Stead</i>
Date	12-12-03

Based on PTO/SB/21 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 09/11/2003.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



**FEE TRANSMITTAL  
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 170.00)

<i>Complete if Known</i>	
Application Number	10/648,172
Filing Date	August 25, 2003
First Named Inventor	Sung-Kwon LEE
Examiner Name	
Group/Art Unit	
Attorney Docket No.	51876P377

**METHOD OF PAYMENT** (check all that apply)

Check       Credit card       Money Order       Other       None  
 Deposit Account

**Deposit  
Account  
Number** 02-2666

Deposit  
Account  
Name Blakely, Sokoloff, Taylor & Zafman LLP

**The Commissioner is authorized to: (check all that apply)**

Charge fee(s) indicated below       Credit any overpayment

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account

## **FEE CALCULATION**

## 1. BASIC FILING FEE

Large Entity		Small Entity			FeePad
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

## 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	FeePaid
Total Claims			
Independent Claims	20 <sup>**</sup> 3	= =	X X =
Multiple Dependent			

Large Entity		Small Entity		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

*\*or number previously paid, if greater. For Reissues, see below.*

**SUBMITTED BY**

**Complete (if applicable)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone
Signature			Date	12/12/08

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 08/1/2003  
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